

ASD K-12 FREE CLASS VOUCHER

Name: _____

Street: _____

Town: _____ Zip: _____

Phone: _____ Email: _____

Grade: _____ School: _____

I got this card from: _____

Parent signature: _____

Holder is entitled to participate free-of-charge in any one (1) ASD K-12 program class, in any ASD location, any time from 9/26/05 – 1/5/06. Offer open to male and female Fairfield County, CT residents in K-4th grades, and to female Fairfield County residents in 5th-12th grades. Voucher must be filled out in its entirety – including all contact information - and handed in prior to participation. Voucher holds no cash value. Redeemer and his/her parents or guardians agree to release ASD of all claims of liability. Only one free class per person, per program year.

